

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90181 018 ***150.00

DOCUMENT # P93000047451

1. Entity Name
JEWEL HOMES, INC.

Principal Place of Business
950 N. COLLIER BLVD., #202
MARCO ISLAND FL 34145
US

Mailing Address
950 N. COLLIER BLVD., #202
MARCO ISLAND FL 34145
US

2. Principal Place of Business

950 N. COLLIER BLVD

Suite, Apt., #, etc.

#301

3. Mailing Address

950 N. COLLIER BLVD

Suite, Apt., #, etc.

#301

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

Zip

34145

Country

Zip

34145

Country

4. FEI Number

65-0421108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARY J. HAUSLER
950 NO COLLIER BLVD. STE 202
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

950 N. COLLIER BLVD #301

City

MARCO ISLAND

FL

Zip Code

34145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DVS**
STREET ADDRESS **NIJS, JULES O**
CITY-ST-ZIP **100 N COLLIER BLVD PH 2**
MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **STASSEN, MARIA M**
CITY-ST-ZIP **100 N COLLIER BLVD PH 2**
MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARIA M STASSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-02

Date

941 394 3171

Daytime Phone #

CR2E034 (9/01)